

Fond du Lac County Youth Fire Intervention Referral Form

Parent/Guardian Interview:

Agency _____ Intake Officer _____ Date _____ Time _____

Referring person/agency contact: Phone _____ Fax _____

Child's Name _____ DOB _____ Age _____ Sex _____ Ethnic Background _____

Address of child _____ City _____ Zip _____

Parent/guardian _____ Relationship _____

Parent/guardian's address _____ City _____ Zip _____

Phone (H/C) _____ (W) _____ Email _____

Names and ages of siblings _____

Does child have any mental health or medical conditions? Yes/No If yes, include diagnosis _____

Is the child in counseling? Yes/No If yes, provide Counselor's name and telephone/address _____

What medications is child currently taking? _____

Incident Information:

Did the fire department respond? Yes/No If yes, provide incident number _____

Date/time of incident _____ Responding Fire Dept./Law Enforcement _____

Location of incident _____ Ignition source _____

Was the child alone or with others during the fire incident? Alone _____ With others, provide names _____

Does child have history of playing with matches or lighters? Yes/No If yes, list number of incidents and when _____

Has child attended a previous YFS class? Yes/No If yes, list when and where _____

Synopsis of current incident(s) _____

City of Fond du Lac Fire Department
C/O Fond du Lac Co. Youth Fire Intervention Program
815 S. Main Street
Fond du Lac WI 54935
(920) 322-3800
Fax (920) 322-3801

